

STANDARD CERTIFICATE OF DEATH

FILED OCT 8 1957

34611

STATE FILE NUMBER

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 174

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) Nevada		c. CITY OR TOWN Nevada Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 846 E. Wooter		d. STREET ADDRESS (If outside, give location) 846 E. Wooter Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Bessie Middle T. Last Biggs		4. DATE OF DEATH Month September Day 20 Year 1957	
5. SEX Fm	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1885 November 25,
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Iowa
13a. FATHER'S NAME James Cline		13b. MOTHER'S MAIDEN NAME Dexia Aldridge	12. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT G.W. Biggs Address 846 E. Wooter Nevada, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetes Mellitus. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) none			INTERVAL BETWEEN ONSET AND DEATH 2 or 3 years.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) No injury	
20c. TIME OF INJURY Hour 2:00 Month, Day, Year Sept 20, 1957 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>			
20d. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Nevada	20f. CITY, TOWN, OR LOCATION Nevada	COUNTY Vernon STATE Mo
21. I attended the deceased from Sept 1, 1957 to Sept 20, 1957 and last saw her alive on Sept 20, 1957 Death occurred at 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. P. P. [Signature] (Degree or title)		22b. ADDRESS Nevada, Mo	22c. DATE SIGNED 9-23-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1957 September 24	23c. NAME OF CEMETERY OR CREMATORY Deepwood Cemetery	23d. LOCATION (City, town, or county) (State) Nevada Missouri
24. FUNERAL DIRECTOR Ferry Funeral Home ADDRESS Nevada, Mo.		25. DATE RECD. BY LOCAL REG. 10-2-1957	26. REGISTRAR'S SIGNATURE Arma E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *L. Hughes Ferry*

Licensed Embalmer No. *4960*

P. O. Address *Nevada*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.